

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>TH</i>	<i>65294</i>	<i>03/25/98</i>
FORMALITY REVIEW	<i>10028</i>	<i>628104</i>	<i>4/30/98</i>

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral) Canceled        A ..... Appeal  
 + ..... Restricted                      O ..... Objected

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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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